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## DECLARATION — Utility or Design Patent Application

Direct all correspondence  Name John P. Lutt		ier Numbe	er:			OR	Corre	espondence address b
Address								
Newman &	Newman, 5	05 Fif	th Ave	enue	Sout	h, Suite	e 610	
Seattle	-			Stat				ZIP
Country			_	W	ashing	ton		98104
	•	Telepho	one 274-280			Fax		1 00104
hereby declare that all sta	tements made her	4 .		-		206-2	74-2801	
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## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Pre-ejaculation Condom								
As the below named inventor(s), I/we declare that:									
This declaration is di	lirected to:								
	The attached application, or	:							
	Application No, filed on								
	as amended on								
I/we believe that I/we sought;	I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a netent is								
I/we have reviewed amendment specifical	I/we have reviewed and understand the contents of the above-identified application, including the claims; as amended by any amendment specifically referred to above;								
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.									
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are balieved to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.									
FULL NAME OF INVENTOR(S)									
Inventor one:									
	Citizen of: U.S.A.								
Inventor two:									
	Citizen of:								
Signature:	Citizen of:								
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Name John P. Luther	, Esq.							
Newman & N	lewman, 5	05 Fiftl	h Aver	ue (	Sou	th, Suite	610	
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Seattle				W	ashin	gton	_	98104
Country		Telephor 206-2	ne 74-2800			Fax 206-274	I-2801	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST IN	IVENTOR:		ПАр	etition	has t	peen filed for th	is unsig	ned inventor
Given Name (first and middle [if any]) Michael				Family Name or Sumame Tune			e	
Inventor's Signature		11/	11.		_			Date
	11111		<u>///</u> ~					12106/03
Residence: City	State Colorada			Cour	ntry		Citize	nship
Colorado Springs	Colorado						USA	
Mailing Address 1125 Kelly Johnson E	3lvd.		•					
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NAME OF SECOND INVENTO	R:				_ A;	petition has be	en filed 1	for this unsigned inventor
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Additional Inventors or a legal rep	presentative are bein	ig named on t	thes	ppleme	ntal sh	eet(s) PTO/SB/02A	or 02LR e	attached herelo.

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ADDITIONAL INVENTORIS

DECLARATION			Supplemental Sheet Page of				
Name of Additional Joint Inventor, if any:							
Given Name (first and middle (if any)			as been filed for this u	unsigned in	ventor		
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Inventor's Signature		_I			Date		
Residence: City	State		Coun	try	Citizenship		
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Name of Additional Joint Inventor, if any:		A petit	tion ha	as been filed for this u		ventor	
Given Name (first and middle (if any)	Family Name or Surname						
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City	State	Zip		Zip	Country		
Name of Additional Joint Inventor, if any:		A petiti	ion ha	s been filed for this u	nsigned inv	entor	
Given Name (first end middle (if any)		Family Name or Surname					
Inventor's Signature		Date					
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DECLARATION — Supplemental Priority Data Sheet

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Office of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 Eisenberg 001 CLAIMS AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE FEE RATE (37 CFR 1.16(a)) FEE TOTAL CLAIMS OR (37 CFR 1.16(c)) minus 20 = INDEPENDENT CLAIMS OR (37 CFR 1.15(b)) minus 20 = X \$ OR MULTIPLE DEPENDENT CLASM PRESENT (37 CFR 1.18(d)) OR if the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL. CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN (Column 3) SMALL ENTITY OR CLAIMS HIGHEST SMALL ENTITY REMAINING AFTER AMENDMENT NUMBER PREVIOUSLY PRESENT RATE ADDI-RATE EXTRA TIONAL PAID FOR TIONAL FEE AMENDA Minus (37 CFR 1.16(cj) FEE Independent (37 CFR 1.18(b)) OR Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d)) OR OR TOTAL TOTAL ADD'L FEE ÓR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST  $\mathbf{\omega}$ REMAINING PRESENT ADDI-TIONAL ENDMENT AFTER RATE PREVIOUSLY EXTRA RATE ADD1 AMENDMENT PAID FOR TIONAL. Total (37 CFR 1.18(c)) FEE = FEE Independent (37 CFR 1.16(b)) Minus OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEF (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PREVIOUSLY PRESENT ENDMENT RATE ADDI-TIONAL AFTER. EXTRA RATE ADOL-AMENDMENT PAID FOR TIONAL Total PT CFR 1.16(d) FEE Minus FEE Independent (37 CFR 1.15(b)) Minus OΡ OR PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL

\* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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Application Number

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Application Number **POWER OF ATTORNEY** Filing Date First Named Inventor and CORRESPONDENCE ADDRESS Michael Tune Title Pre-ejaculation Condom

Art Unit

**INDICATION FORM** 

	- Adminer Name						
	Attorney Docket Number	T					
I hereby appoint:		Tune 001					
Practitioners at Customer Number:							
Practitioner(s) named below:							
Name Registration Number							
John P. Luther, Esq.		Giorgiant Multiper					
Newman & Newman, LLP	32,261						
505 Fifth Avenue South, Suite 610							
Seattle, WA 98104							
as my/our attorney(s) or agent(s) to prosecute the application in Trademark Office connected therewith,	dentified characteristics						
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